

Exhibit

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VIRGINIA  
DEPARTMENT OF CORRECTIONS  
SUSSEX II STATE PRISON

Offender Request 801\_F3A\_7-12

## Offender Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Rowe	Uhuru	B	1131545	1B-10
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
	Owen	6/28/18		

- TO:
- |  |   |   |   |                                     |
|--|---|---|---|-------------------------------------|
| <input type="checkbox"/> Counselor         | <input type="checkbox"/> Medical          | <input type="checkbox"/> Personal Property    | <input type="checkbox"/> Law Library                                | <input type="checkbox"/> Mailroom   |
| <input type="checkbox"/> Unit Manager      | <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Education            | <input type="checkbox"/> Hearings                                   | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Ombudsman         | <input type="checkbox"/> Dentist          | <input type="checkbox"/> Food Service         | <input type="checkbox"/> Recreation                                 | <input type="checkbox"/> Commissary |
| <input type="checkbox"/> IPM-Programs Mgr. | <input type="checkbox"/> Chaplain         | <input type="checkbox"/> Workforce Specialist | <input type="checkbox"/> Enterprise Laundry                         | <input type="checkbox"/> Laundry    |
| <input type="checkbox"/> EBP Manager       | <input type="checkbox"/> Assistant Warden | <input type="checkbox"/> Warden               | <input checked="" type="checkbox"/> Other L. Shaw, Senior Counselor |                                     |

CHECK PURPOSE:  Appointment Request (Applicable departments only.)  Question/Statement

I am writing to further insight to the termination of my job as a DCE Tutor on 5/30/18. Per the Implementation Manual for O.P. 841.2, if the reason for the termination of my job is that my behavior presents a threat to the orderly operations of the work crew and/or institution (as determined by the Work supervisor or Watch Commander) then a written justification is required, i.e. copy of charge or Incident Report. The justification written on the Job termination Form I received is insufficient. I did not receive a charge, so therefore an Incident Report is needed to justify the termination of my job. Can you please forward to me a copy of the Incident Report that was used to justify me being terminated from my job. Thank you.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

Your request will be forwarded to the Major.

(Major can you respond)?  
No incident reports will be forwarded to offenders.  
This has been communicated in the memorandum and  
disapproved by [signature] [initials] [date]

Offender seen  Yes  No

L Shaw Sr Counselor

Official Responding

7/6/2018

Date of Response